

City of Cincinnati
801 Plum Street
Cincinnati, OH 45202

Pay Group: GEN-AFSCME, Trades, HourlyAdvice #: 0154148
Pay Begin Date: 07/09/2000
Pay End Date: 07/22/2000
Advice Date: 08/01/2000

Andrea L. Ngo 1697 Atson Ln Cincinnati, OH 45205		Employee ID: 12087 Department: 4604000-DIW-Laboratory Location: MSD-DIV OF INDUSTRIAL WASTE Job Title: Laboratory Technician 2 Pay Rate: \$14.925730 Hourly*				TAX DATA: Federal OH State Marital Status: Married Married Allowances: 2 2 Addl. Pct.: Addl. Amt.:		
HOURS AND EARNINGS								
Description	Rate	Current Hours	Earnings	Hours	Earnings	Description	Current	YTD
Regular Earnings	14.925730	80.00	1,194.06	1129.10	16,852.66	Fed Withholding	54.13	875.25
Overtime @ Time & a Half		0.00	0.50	11.19		Fed FICA - MHI	17.31	273.72
Vacation		0.00	80.00	1,194.06		OH Withholding	18.88	306.73
Birthday Holiday		0.00	8.00	119.41		OH Cincinnati Withh	25.08	396.49
<u>Absent Without Leave</u> X		0.00	16.00	0.00				
Comp-Time Earned		0.00	2.25	0.00				
Comp-Time Taken		0.00	1.70	25.38				
Sick With Pay		0.00	45.20	674.64				
Total:		80.00	1,194.06	1282.75	18,877.34	Total:	115.40	1,852.19
BEFORE-TAX DEDUCTIONS								
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
STATE Deferred Comp - Re	286.15	4,306.15	Local 1543 Union Dues	13.28	212.48	Anthem PRO/CC	57.03	855.45
City Pension @ 2.5%	83.58	1,320.57				CarePlan Dent/Vision	50.25	402.00
Total:	369.73	5,626.72	Total:	13.28	212.48	City Pension @ 2.5%	83.58	1,320.57
AFTER-TAX DEDUCTIONS								
Current:	1,194.06		FED TAXABLE GROSS	824.33		TOTAL TAXES	115.40	
YTD:	18,877.34			13,250.62			383.01	606.65
							5,839.20	11,166.88
TOTAL GROSS								
YTD LEAVE HOURS								
Description	Req. Bal +	Earned	- Used	+/- Adjusted	- Sold	= Cur. Bal	Max. Accrual	
Vacation	88.80	64.00	80.00			72.80	237	
Sick	159.30	64.00	45.20			178.10		
Comp	7.00		1.70			7.55		
NET PAY DISTRIBUTION								
						Advice #0154148		695.65
						Total:		695.65

MESSAGE: #16-Auction 8/5-Sanitation Incinerator Bldg.3320 Millcreek.View@8AM-Auction@9AM

* Job titles with "XXX" are FLSA exempt; hourly pay is for computational purposes only



NON-NEGOTIABLE

DIRECT DEPOSIT NOTIFICATION

Deposit Amount: \$695.65

FOR:
Andrea L. Ngo

DATE	ADVICE
08/01/2000	0154148

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Checking	3297216	\$695.65
Total:		\$695.65

234

City of Cincinnati
801 Plum Street Room 202
Cincinnati, OH 45202

Pay Group: GEN-AFSCME, Trades, HourlyAdvice #: 0519609
Pay Begin Date: 02/16/2003 Advice Date: 03/11/2003
Pay End Date: 03/01/2003

Andrea L. Ngo 1697 Atson Ln Cincinnati, OH 45205		Employee ID: 12087 Department: 4604000-DIW-Laboratory Location: MSD-DIV OF INDUSTRIAL WASTE Job Title: Laboratory Technician 2 Pay Rate: \$16.309748 Hourly*	TAX DATA: Federal Marital Status: Married Allowances: 2 Addl. Pct.: Addl. Amt.:	OH State Married 2 2																																																																																																																																																																																																								
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... together we can save a life. 579-3000 for info.

MESSAGE: PP#5-March 18 Red Cross Month. 1937



NON-NEGOTIABLE

DIRECT DEPOSIT NOTIFICATION
Deposit Amount: \$475.47

FOR:

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Checking	3297216	\$475.47
Total:		\$475.47

240

Certificate To Return To Work/School

Name: ANDREA NGO
has been under my care from 5/31/00 to 6/1/00
and will be able to return to work/school on 6/2/00

Limitations/Remarks: Patient has
fizzy spells & respiratory
headache. & missed work
5/25/00 & 5/28/00
Dr. PRANES Phone 385 4757
Address 5944 Lorain Ave Date 5/31/00
CINCINNATI OH 45239

allegra®
fexofenadine HCl 60mg capsules

allegra-D®
fexofenadine HCl 60mg / pseudoephedrine HCl 120mg
extended-release tablets

50019223/98230202/354958 ©1998, Hoechst Marion Roussel, Inc.

23d

-----Original Message-----

From: Boyle, Jim
Sent: Friday, June 02, 2000 8:00 AM
To: Jones, Karen L; Head, Beverly
Cc: Gouda, Ty; Ngo, Andrea L.
Subject: sup 12

Karen,
Andrea has submitted a doctor's note for 5/25/00 - 5/26/00.
Please make the following corrections in the Supplemental for pay period #12.

5/25/00 change 8hrs AWL to 8 hrs SWP.
5/26/00 change 8hrs AWL to 8 hrs SWP.

CITY OF CINCINNATI
APPLICATION FOR LEAVE OF ABSENCE

Employee Name ANDREA L. NGO	Social Security No. 294-76-1347			Badge Number
Type of Leave: Leave With Pay <input type="checkbox"/> Vacation <input checked="" type="checkbox"/> SWP (Sick With Pay)* <input type="checkbox"/> SAD (Sick Pay Death)* <input type="checkbox"/> SPF (Sick Pay Family)* <input type="checkbox"/> SPM (Sick Pay Maternity) <input type="checkbox"/> FFD (Firefighter's Death) <input type="checkbox"/> SPI (Sick Pay Injury)* <input type="checkbox"/> IWP (Injury With Pay)* <input type="checkbox"/> DNT (Donated Time) <input type="checkbox"/> PWP (Military Training) <input type="checkbox"/> PWP (Jury) <input type="checkbox"/> PWP (Union) <input type="checkbox"/> PWP (Pre-Induction) <input type="checkbox"/> PWP (Terminal Leave)* <input type="checkbox"/> Holiday <input type="checkbox"/> Compensatory Time <input type="checkbox"/> Other _____ *	Beginning Date 10-25-99	Ending Date 10-28-99	Total Work Hours 28.80 AM	Off days if other than Saturday and Sunday
Reason (if "Type of Leave" is asterisked or of more than one type, or request is not routine.) HEADACHE & DIZZINESS due to STRESS AT WORK				
Specify relationship of relative if SPD or SPF If illness or injury: _____ Special instructions to employee: Physician's name _____ <input type="checkbox"/> Medical certificate requested. Next Dr.'s appointment _____ <input type="checkbox"/> Must telephone again if absence continues. When? _____ Was illness or injury caused by outside job? Yes _____ No _____ <input type="checkbox"/> Other _____				
Address and telephone during absence if other than permanent address If leave is requested by telephone: Person making call _____ Request received by: Relationship to employee _____ Date 10/25/99 Time 9:15 AM/PM				
Telephone requests, except SPI beyond 5 days)				

CERTIFICATE TO RETURN TO WORK OR SCHOOL

Mr _____
Mrs _____
Ms ANDREA NGOwas under my care from 10/25/99 to 10/29/99and will be able to return to work/school on 10/29/99Remarks Patient is under a lot of stress at work. She is known to have hypertension with stress related tension headache.Dr RANES Phone 385-4757Address 5544 Colerain Ave Date 10/25/99CINCINNATI OH 45239Lilly

(if more space is needed.) See Section 3.2, Personnel Policies and

APPROVED
DISAPPROVED

Immediate Supervisor

Ty Asbury
Section Head

APPROVED

DISAPPROVED

Division Head

Badge Number

Department Head

..... DIVISION OF INDUSTRIAL WASTE
 Punch Detail Report
 Previous pay period

Page 0001
 11/02/1999 11:43a

PAY PERIOD # 23

NGO, ANDREAL.	ID	IN	Dept	ACTIVITY	12087	OUT	ID	IN	Dept	ACTIVITY	OUT	TOTALS
Sun 10/17 Unscheduled					303p							8.00
Mon 10/18	636a				259p							8.00
Tue 10/19	631a				301p							8.00
Wed 10/20	632a				301p							8.00
Thu 10/21	634a				304p							8.00
Fri 10/22	627a											40.00
Sat 10/23 Unscheduled												
Sun 10/24 Unscheduled					945a*E							
Mon 10/25	630a											43.20
Mon 10/25	945a AWL											4.80
Tue 10/26	630a AWL											8.00
Wed 10/27	630a AWL											8.00
Thu 10/28	630a AWL											8.00
Fri 10/29	625a				256p							51.20
Sat 10/30 Unscheduled												
- Audit Suppressed -												
Acct:4604	REG:	51.20			AWL:	28.80	TOTALHRS:	80.00				

22-6

EMPLOYEE SIGNATURE: Christie A. H. Higgin

QAQ

SUPERVISOR'S APPROVAL: QAQ

..... DIVISION OF INDUSTRIAL WASTE

Punch Detail Report

Previous pay period

Acct: 4604, all pay rules, all Timekeeper terminal groups

PAY PERIOD #12

Page 001

NGO, ANDREA L.		12087		12087		12087		12087		12087			
ID	IN	Dept	ACTIVITY	OUT	ID	IN	Dept	ACTIVITY	OUT	ID	IN		
Sun	05/14	Unscheduled			Sun	05/14	Unscheduled			Sun	05/14	Unscheduled	
Mon	05/15	633a			Mon	05/15	633a			Mon	05/15	633a	
Tue	05/16	630a			Tue	05/16	630a			Tue	05/16	630a	
Wed	05/17	633a			Wed	05/17	633a			Wed	05/17	633a	
Thu	05/18	633a			Thu	05/18	633a			Thu	05/18	633a	
Fri	05/19	635a			Fri	05/19	635a			Fri	05/19	635a	
Sat	05/20	Unscheduled			Sat	05/20	Unscheduled			Sat	05/20	Unscheduled	
Sun	05/21	Unscheduled			Sun	05/21	Unscheduled			Sun	05/21	Unscheduled	
Mon	05/22	635a			Mon	05/22	635a			Mon	05/22	635a	
Tue	05/23	635a			Tue	05/23	635a			Tue	05/23	635a	
Wed	05/24	643a*L			Wed	05/24	643a*L			Wed	05/24	643a*L	
Thu	05/25	630a CTT+N			Thu	05/25	630a CTT+N			Thu	05/25	630a CTT+N	
Fri	05/26	630a AML			Fri	05/26	630a AML			Fri	05/26	630a AML	
Sat	05/27	Unscheduled			Sat	05/27	Unscheduled			Sat	05/27	Unscheduled	
- Audit Suppressed -													

Acct: 4604

REG:	TOTALHRS:	AMT:	CTT:
63.00	60.00	16.00	0.20

EMPLOYEE SIGNATURE: Andrea L. NGOSUPERVISOR'S APPROVAL: _____

230

APPLICATION FOR LEAVE OF ABSENCE

Case 1:00-cv-00961-MRB Document 41-5 Filed 01/31/2005 Page 8 of 12

Employee Name ANDREA L. NGO		Social Security No. 294-76-1347	Badge Number		
Type of Leave: <input checked="" type="checkbox"/> Leave With Pay <input type="checkbox"/> Vacation <input checked="" type="checkbox"/> SWP (Sick With Pay)* <input type="checkbox"/> SAD (Sick Pay Death)* <input type="checkbox"/> SPF (Sick Pay Family)* <input type="checkbox"/> SPM (Sick Pay Maternity) <input type="checkbox"/> FFD (Firefighter's Death) <input type="checkbox"/> SPI (Sick Pay Injury)* <input type="checkbox"/> IWP (Injury With Pay)* <input type="checkbox"/> DNT (Donated Time) <input type="checkbox"/> PWP (Military Training) <input type="checkbox"/> PWP (Jury) <input type="checkbox"/> PWP (Union) <input type="checkbox"/> PWP (Pre-Induction) <input type="checkbox"/> PWP (Terminal Leave)* <input type="checkbox"/> Holiday <input type="checkbox"/> Compensatory Time <input type="checkbox"/> Other _____	Beginning Date 5-25-00	Ending Date 5-26-00	Total Work Hours 16	Off days if other than Saturday and Sunday	
Reason (if "Type of Leave" is asterisked or of more than one type, or request is not routine.) Headache & dizziness					
Specify relationship of relative if SPD or SPF					
If illness or injury:			Special instructions to employee:		
Physician's name _____			<input type="checkbox"/> Medical certificate requested.		
Next Dr.'s appointment _____			<input type="checkbox"/> Must telephone again if absence continues. When? _____		
Was illness or injury caused by outside job? Yes _____ No _____			<input type="checkbox"/> Other _____		
Address and telephone during absence if other than permanent address					
If leave is requested by telephone:			Request received by: Tara Williams Answering machine x 310 Nguyen x Annie Sierra		
Person making call self			Date 5/25/26 Time 7:00 AM/PM		
Relationship to employee _____					
Employee Signature & Title (not necessary for telephone requests, except SPI beyond 5 days) andrea l. ngo Lab Tech 2					

Report and recommendation of immediate supervisor and/or section head (use reverse side if more space is needed.) See Section 3.2, Personnel Policies and Procedures for details on various leave policies.

1st Instance

APPROVED

DISAPPROVED

Immediate Supervisor

Section Head

APPROVED

DISAPPROVED

Division Head

Department Head

23 b

Employee Name ANDREA L. NGO				Social Security No. 294-76-1347	Badge Number
Type of Leave: Leave With Pay	Beginning Date 5-25-00	Ending Date 5-26-00	Total Work Hours 16	Off days if other than Saturday and Sunday	
Reason (if "Type of Leave" is asterisked or of more than one type, or request is not routine.) Headache & dizziness					
Specify relationship of relative if SPD or SPF					
If illness or injury:			Special instructions to employee:		
Physician's name _____			<input type="checkbox"/> Medical certificate requested.		
Next Dr.'s appointment _____			<input type="checkbox"/> Must telephone again if absence continues. When? _____		
Was illness or injury caused by outside job? Yes _____ No _____			<input type="checkbox"/> Other _____		
Address and telephone during absence if other than permanent address					
If leave is requested by telephone:				Request received by: Tara Williams Answering machine x Gian Nguyen x Annie Sierra	
Person making call self				Date 5/25/26 Time ~7:00 AM/PM	
Relationship to employee _____					
Employee Signature & Title (not necessary for telephone requests, except SPI beyond 5 days) andrea d.h. ngo Lab Tech 2					

Report and recommendation of immediate supervisor and/or section head (use reverse side if more space is needed.) See Section 3.2, Personnel Policies and Procedures for details on various leave policies.

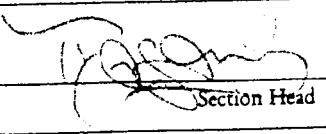
1st Instance

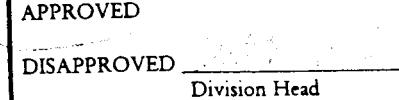
APPROVED		APPROVED
DISAPPROVED	Tara Willis Section Head	DISAPPROVED
		BBB/pe Division Head
		Department Head

CITY OF CINCINNATI
APPLICATION FOR LEAVE OF ABSENCE

Employee Name ANGELA L. BROWN				Social Security No. 494 74-1347	Badge Number
Type of Leave: <input type="checkbox"/> Vacation <input checked="" type="checkbox"/> SWP (Sick With Pay)* <input type="checkbox"/> SAD (Sick Pay Death)* <input type="checkbox"/> SPF (Sick Pay Family)* <input type="checkbox"/> SPM (Sick Pay Maternity) <input type="checkbox"/> FFD (Firefighter's Death) <input type="checkbox"/> SPI (Sick Pay Injury)* <input type="checkbox"/> IWP (Injury With Pay)* <input type="checkbox"/> DNT (Donated Time) <input type="checkbox"/> PWP (Military Training) <input type="checkbox"/> PWP (Jury) <input type="checkbox"/> PWP (Union) <input type="checkbox"/> PWP (Pre-Induction) <input type="checkbox"/> PWP (Terminal Leave)* <input type="checkbox"/> Holiday <input type="checkbox"/> Compensatory Time <input type="checkbox"/> Other _____ *	Beginning Date 2/11/03	Ending Date 2/20/03	Total Work Hours 16	Off days if other than Saturday and Sunday	
Reason (if "Type of Leave" is asterisked or of more than one type, or request is not routine.) <i>Family sleep, headache and fatigue.</i> <i>Doctor's note attached</i>					
Specify relationship of relative if SPD or SPF					
If illness or injury:			Special instructions to employee:		
Physician's name _____			<input type="checkbox"/> Medical certificate requested.		
Next Dr.'s appointment _____			<input type="checkbox"/> Must telephone again if absence continues. When? _____		
Was illness or injury caused by outside job? Yes _____ No _____			<input type="checkbox"/> Other _____		
Address and telephone during absence if other than permanent address					
If leave is requested by telephone:			Request received by:		
Person making call _____			<i>Angela L. Brown</i>		
Relationship to employee _____			Date 2/11/03 Time 10:00 AM/PM		
Employee Signature & Title (not necessary for telephone requests, except SPI beyond 5 days) <i>Angela L. Brown</i>					

*See "Reason" Block Above
Report and recommendation of immediate supervisor and/or section head (use reverse side if more space is needed.) See Section 3.2, Personnel Policies and Procedures for details on various leave policies.

APPROVED	
DISAPPROVED _____	Immediate Supervisor

APPROVED	
DISAPPROVED _____	Section Head
24a	
Department Head	

Excused Absence Form

Andrea Ngo

may return to work/school on:

was seen in our office on
2-20-03. Please excuse her
for 2-19-03 & 2-20-03 due
to illness. M.D.

Signature of Physician

Comments: Any Questions feel free
to call 251-7777.

RIVERSIDE MEDICAL CENTER

PRICE HILL

929 ENRIGHT

CINCINNATI, OH 45205

TEL: (513) 251-7777

FAX: (513) 251-7750

OMNICEF
(cefadipir)
capsules and oral suspension

 Abbott Laboratories Inc.
North Chicago, IL 60064

246

CITY OF CINCINNATI
APPLICATION FOR LEAVE OF ABSENCE

Employee Name ANDREA L. NGO				Social Security No. 294-76-1347	Badge Number
Type of Leave: <input checked="" type="checkbox"/> Leave With Pay <input checked="" type="checkbox"/> Vacation <input type="checkbox"/> SWP (Sick With Pay)* <input type="checkbox"/> SAD (Sick Pay Death)* <input type="checkbox"/> SPF (Sick Pay Family)* <input type="checkbox"/> SPM (Sick Pay Maternity) <input type="checkbox"/> FFD (Firefighter's Death) <input type="checkbox"/> SPI (Sick Pay Injury)* <input type="checkbox"/> IWP (Injury With Pay)* <input type="checkbox"/> DNT (Donated Time) <input type="checkbox"/> PWP (Military Training) <input type="checkbox"/> PWP (Jury) <input type="checkbox"/> PWP (Union) <input type="checkbox"/> PWP (Pre-Induction) <input type="checkbox"/> PWP (Terminal Leave)* <input type="checkbox"/> Holiday <input type="checkbox"/> Compensatory Time <input type="checkbox"/> Other _____	Beginning Date 11/19/99	Ending Date 11/19/99	Total Work Hours 8	Off days if other than Saturday and Sunday	
Reason (if "Type of Leave" is asterisked or of more than one type, or request is not routine.) Specify relationship of relative if SPD or SPF					
If illness or injury: Physician's name _____			Special instructions to employee: <input type="checkbox"/> Medical certificate requested.		
Next Dr.'s appointment _____			<input type="checkbox"/> Must telephone again if absence continues. When? _____		
Was illness or injury caused by outside job? Yes _____ No _____			<input type="checkbox"/> Other _____		
Address and telephone during absence if other than permanent address					
If leave is requested by telephone: Person making call _____			Request received by: TARA WILLIAMS		
Relationship to employee _____			Date 11/19/99 Time 8:15 <input type="checkbox"/> AM/PM		
Employee Signature & Title (not necessary for telephone requests, except SPI beyond 5 days) Andrea L.H. Ngo Lab Tech 2					

Report and recommendation of immediate supervisor and/or section head (use reverse side if more space is needed.) See Section 3.2, Personnel Policies and Procedures for details on various leave policies.

* Plants were stolen
from desk

11/22/99

APPROVED *TW*

DISAPPROVED

Immediate Supervisor

TY Gormly
Section Head

APPROVED

DISAPPROVED

Division Head

25a

Department Head

* Reported to Police on 11/22
case # **(39910001)**